

Prior Approval for Sponsorship of Community Events

Office of Development is responsible for tracking community events across UTHealth and UTPhysicians. Please attach documentation for the event and the proposed sponsorship level when submitting this form. This completed form, with Office of Development acknowledgement, must accompany payment requests in order to process payment.

Contact: community-sponsorships@uth.tmc.edu. (Interoffice UCT 1720)

DATE: _____

CONTACT NAME: _____

CONTACT DEPARTMENT: _____

CONTACT NUMBER/EMAIL: _____

SPONSORSHIP INFORMATION:

EVENT TITLE/DESCRIPTION: _____

EVENT DATE: _____

TYPE OF SPONSORSHIP /SUGGESTED LEVEL OF PARTICIPATION:

Select type: _____ Amount/Level: _____

Notes: _____

PERSON RESPONSIBLE FOR FILLING COORDINATING SPONSORSHIP: _____

Contact info:

Signature - Department Head/DMO/ADM/Manager

Print Name – Department Head/DMO/ADM/Manager

FUNDING INFORMATION:

Unit- Department- Fund- Project-Program -Acct - Class

Unit- Department- Fund- Project-Program -Acct - Class

OFFICE OF DEVELOPMENT ACKNOWLEDGEMENT / Approval
Kevin J. Foyle
Senior Vice President for Development and Public Affairs

DATE